

For Washington State Residents

How Much Will Basic Health Coverage Cost?

Income bands effective
July 1, 2002 - June 30, 2003

Premiums effective
January 1, 2003 - December 31, 2003

Use this brochure to figure your monthly Basic Health premium. Then keep it as a reference in case your income or family size changes. This information is updated twice a year when Basic Health's income guidelines or health plan premiums change.

Basic Health premiums are based on your income, age, family size, and the health plan you choose.

Follow these three easy steps inside:

1. Find your income band.
2. Find the health plans available in your county.
3. Estimate your monthly premium.

All health plans in Basic Health offer the same basic benefits, but monthly premiums, providers, and some details of coverage vary (such as which prescription drugs or preventive care are covered). Premium differences have to do with the rates health plans charge to cover their costs.

If you are eligible for Medicare, you are not eligible for Basic Health. For information on benefits and eligibility, or help in choosing a health plan, see the brochure *Understanding Basic Health*.

Do not return this document. Keep it as a reference in case your income or family size changes; you are required to report future changes in income or family size to Basic Health.



Questions? Call 1-800-826-2444.

This document, along with the *Application for Basic Health*, *Understanding Basic Health*, *Member Handbook*, and other helpful documents is available on our Web site: www.basichealth.hca.wa.gov.

Step 1: Find your income band.

Use your family's gross monthly income (before taxes) and the number of persons in your family to determine your income band on the "Income Table" to the right. The number of persons in your family means you, your spouse, children, and/or any legal dependents, including those who are disabled or full-time students under age 23, even if they're not living at home.

Be sure to count all family members, even those you don't want to enroll, because family size is used to determine your monthly premium. If there are eight or more people in your family, call a Basic Health customer service representative at 1-800-826-2444 for a premium estimate.

Step 2: Find the health plans available in your county.

Use the "Health Plan Availability by County" table below to see which health plans are available in your county.

Step 3: Estimate your monthly premium.

Using your list from Step 2, find each health plan available to you in the "Plan/Premium Table" on the back page. For each health plan, find the column that shows your county, then follow that column down until you reach your income band (from Step 1).

The premiums are per person and effective January 1, 2003. Add the premiums for each family member you want to enroll to get your total monthly premium. **Please note:** If you enroll more than three children in Basic Health, you will be billed only for the first three.

Step 1: Income Table

Gross Monthly Income	Number of Persons in Family							Income Band
	1	2	3	4	5	6	7	
	\$0 - \$479.91	\$0 - \$646.74	\$0 - \$813.58	\$0 - \$980.41	\$0 - \$1,147.24	\$0 - \$1,314.08	\$0 - \$1,480.91	A
	479.92 - 738.33	646.75 - 994.99	813.59 - 1,251.66	980.42 - 1,508.33	1,147.25 - 1,764.99	1,314.09 - 2,021.66	1,480.92 - 2,278.33	B
	738.34 - 922.91	995.00 - 1,243.74	1,251.67 - 1,564.58	1,508.34 - 1,885.41	1,765.00 - 2,206.24	2,021.67 - 2,527.08	2,278.34 - 2,847.91	C
	922.92 - 1,033.66	1,243.75 - 1,392.99	1,564.59 - 1,752.33	1,885.42 - 2,111.66	2,206.25 - 2,470.99	2,527.09 - 2,830.33	2,847.92 - 3,189.66	D
	1,033.67 - 1,144.41	1,393.00 - 1,542.24	1,752.34 - 1,940.08	2,111.67 - 2,337.91	2,471.00 - 2,735.74	2,830.34 - 3,133.58	3,189.67 - 3,531.41	E
	1,144.42 - 1,255.16	1,542.25 - 1,691.49	1,940.09 - 2,127.83	2,337.92 - 2,564.16	2,735.75 - 3,000.49	3,133.59 - 3,436.83	3,531.42 - 3,873.16	F
	1,255.17 - 1,365.91	1,691.50 - 1,840.74	2,127.84 - 2,315.58	2,564.17 - 2,790.41	3,000.50 - 3,265.24	3,436.84 - 3,740.08	3,873.17 - 4,214.91	G
	1,365.92 - 1,476.74	1,840.75 - 1,990.09	2,315.59 - 2,503.45	2,790.42 - 3,016.81	3,265.25 - 3,530.17	3,740.09 - 4,043.53	4,214.92 - 4,556.89	H

Valid through June 30, 2003

Example

This example shows how easy it is to estimate your monthly Basic Health premium:

- ▶ A family of five
- ▶ Two adults (ages 48 and 55)
- ▶ Three children (ages 13, 15, and 17) enrolled in Basic Health *Plus*
- ▶ Gross monthly income of \$1,800
- ▶ Live in Skagit County

Example, Step 1

According to the Income Table, a family of five with a gross monthly income of \$1,800 falls into income band C.

Example, Step 2

The family lists the health plans available to them in Skagit County. They would list:

- ▶ Community Health Plan of WA
- ▶ Regence BlueShield

Example, Step 3

The family then uses the Plan/Premium Table to find the premium for each of these health plans. The sample family's choices, at income band C in Skagit County, are:

	Community Health Plan of WA	Regence BlueShield
Children (if enrolled in Basic Health <i>Plus</i>)	\$ 0.00	\$ 0.00
Adult age 40-54	17.50	46.00
Adult age 55-64	17.50	66.24
Total premium for sample family	\$35.00	\$112.24

Step 2: Health Plan Availability by County

Adams	Ferry	Kitsap	Pend Oreille	Stevens
<ul style="list-style-type: none"> Community Health Plan Molina 	<ul style="list-style-type: none"> Community Health Plan 	<ul style="list-style-type: none"> Community Health Plan Group Health Cooperative 	<ul style="list-style-type: none"> Community Health Plan 	<ul style="list-style-type: none"> Community Health Plan Premera Blue Cross
Asotin	Franklin	Kittitas	Pierce	Thurston
<ul style="list-style-type: none"> Premera Blue Cross 	<ul style="list-style-type: none"> Community Health Plan 	<ul style="list-style-type: none"> Premera Blue Cross 	<ul style="list-style-type: none"> Community Health Plan Group Health Cooperative Molina Premera Blue Cross Regence BlueShield 	<ul style="list-style-type: none"> Community Health Plan Group Health Cooperative
Benton	Garfield	Klickitat	San Juan	Wahkiakum
<ul style="list-style-type: none"> Community Health Plan 	<ul style="list-style-type: none"> Premera Blue Cross 	<ul style="list-style-type: none"> Community Health Plan 	<ul style="list-style-type: none"> Regence BlueShield 	<ul style="list-style-type: none"> Columbia United Providers
Chelan	Grant	Lewis	Skagit	Walla Walla
<ul style="list-style-type: none"> Community Health Plan Molina 	<ul style="list-style-type: none"> Community Health Plan Molina 	<ul style="list-style-type: none"> Community Health Plan 	<ul style="list-style-type: none"> Community Health Plan Regence BlueShield 	<ul style="list-style-type: none"> Community Health Plan Group Health Cooperative Molina
Clallam	Grays Harbor	Lincoln	Skamania	Whatcom
<ul style="list-style-type: none"> Regence BlueShield 	<ul style="list-style-type: none"> Community Health Plan Regence BlueShield 	<ul style="list-style-type: none"> Community Health Plan Molina 	<ul style="list-style-type: none"> Community Health Plan Regence BlueShield 	<ul style="list-style-type: none"> Community Health Plan Premera Blue Cross Regence BlueShield
Clark	Island	Mason	Snohomish	Whitman
<ul style="list-style-type: none"> Columbia United Providers Community Health Plan Kaiser Permanente 	<ul style="list-style-type: none"> Community Health Plan Premera Blue Cross Regence BlueShield 	<ul style="list-style-type: none"> Community Health Plan 	<ul style="list-style-type: none"> Columbia United Providers Community Health Plan 	<ul style="list-style-type: none"> Community Health Plan Group Health Cooperative Premera Blue Cross
Columbia	Jefferson	Okanogan	Spokane	Yakima
<ul style="list-style-type: none"> Molina 	<ul style="list-style-type: none"> Community Health Plan 	<ul style="list-style-type: none"> Community Health Plan Molina 	<ul style="list-style-type: none"> Community Health Plan Group Health Cooperative Regence BlueShield 	<ul style="list-style-type: none"> Community Health Plan Premera Blue Cross Regence BlueShield
Cowlitz	King	Pacific		
<ul style="list-style-type: none"> Community Health Plan Kaiser Permanente 	<ul style="list-style-type: none"> Community Health Plan Group Health Cooperative Molina Premera Blue Cross Regence BlueShield 	<ul style="list-style-type: none"> Community Health Plan ZIP Codes 98624, 98631, 98637, 98638, 98640, 98641, 98644 Premera Blue Cross Regence BlueShield 		
Douglas				
<ul style="list-style-type: none"> Community Health Plan Molina 	<ul style="list-style-type: none"> Premera Blue Cross Regence BlueShield ZIP Codes 98001, 98002, 98003, 98010, 98022, 98023, 98063, 98071, 98092, 98093 			

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities (ADA) Coordinator at 360-923-2805.
TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

Si desea ayuda en español, llame al 1-800-321-0291. Для обслуживания на русском языке, позвоните, пожалуйста, по телефону 1-800-387-8224.
한국어로 도움을 원하시면 1-800-324-1658로 연락하십시오. Nếu quý vị muốn được giúp bằng tiếng Việt, xin gọi số 1-800-423-2231.

Step 3: Plan/Premium Table

Health Plan	Asuris Health Plan	Columbia United Providers		Community Health Plan of WA		Group Health Cooperative		Kaiser Permanente		Molina		Premiera Blue Cross	Regence BlueShield	
County Where You Live	Spokane	Wahkiakum	Clark Skamania	Adams Benton Chelan Clark Cowlitz Douglas Ferry Franklin Grant Grays Harbor Island Jefferson King Kitsap Klickitat	Lewis Lincoln Mason Okanogan Pend Oreille Pacific** Pierce Skagit Skamania Snohomish Spokane Stevens Thurston Walla Walla Whatcom Yakima	Thurston	King Kitsap Pierce Snohomish Spokane Walla Walla Whitman	Clark	Cowlitz	Adams Chelan Columbia Douglas Grant King Okanogan Pierce Walla Walla	Lincoln Spokane	Asotin Garfield Island King Kittitas Pacific Pierce Stevens Whatcom Whitman Yakima	Ciallam Pacific San Juan	Grays Harbor Island King** Pierce Skagit Snohomish Whatcom Yakima
Income Band Age														
A	0-18*	\$0-10.00	\$0-10.00	\$0-12.74	\$0-10.00	\$0-10.00	\$0-17.23	\$0-10.00	\$0-30.91	\$0-10.00	\$0-20.45	\$0-10.00	\$0-10.00	\$0-21.12
	19-39	10.00	10.00	15.49	10.00	10.00	24.45	10.00	51.82	10.00	30.89	10.00	10.00	32.23
	40-54	10.00	10.00	17.04	10.00	10.00	28.53	10.00	63.62	10.00	36.79	10.00	10.00	38.50
	55-64	10.00	10.00	22.04	10.00	10.00	41.69	10.00	101.69	10.00	55.81	10.00	10.00	58.74
B	0-18*	0-14.00	0-14.00	0-16.74	0-14.00	0-14.00	0-21.23	0-14.00	0-34.91	0-14.00	0-24.45	0-14.00	0-14.00	0-25.12
	19-39	14.00	14.00	19.49	14.00	14.00	28.45	14.00	55.82	14.00	34.89	14.00	14.00	36.23
	40-54	14.00	14.00	21.04	14.00	14.00	32.53	14.00	67.62	14.00	40.79	14.00	14.00	42.50
	55-64	14.00	14.00	26.04	14.00	14.00	45.69	14.00	105.69	14.00	59.81	14.00	14.00	62.74
C	0-18*	0-17.50	0-17.50	0-20.24	0-17.50	0-17.50	0-24.73	0-17.50	0-38.41	0-17.50	0-27.95	0-17.50	0-17.50	0-28.62
	19-39	17.50	17.50	22.99	17.50	17.50	31.95	17.50	59.32	17.50	38.39	17.50	17.50	39.73
	40-54	17.50	17.50	24.54	17.50	17.50	36.03	17.50	71.12	17.50	44.29	17.50	17.50	46.00
	55-64	17.50	17.50	29.54	17.50	17.50	49.19	17.50	109.19	17.50	63.31	17.50	17.50	66.24
D	0-18*	0-17.50	0-17.50	0-20.24	0-17.50	0-17.50	0-24.73	0-17.50	0-38.41	0-17.50	0-27.95	0-17.50	0-17.50	0-28.62
	19-39	23.52	23.52	29.01	23.52	23.52	37.97	23.52	65.34	23.52	44.41	23.52	23.52	45.75
	40-54	30.15	30.15	37.19	30.15	30.15	48.68	30.15	83.77	30.15	56.94	30.15	30.15	58.65
	55-64	51.56	51.56	63.60	51.56	51.56	83.25	51.56	143.25	51.56	97.37	51.56	51.56	100.30
E	0-18*	0-18.03	0-18.03	0-20.77	0-18.03	0-18.03	0-25.26	0-18.03	0-38.94	0-18.03	0-28.48	0-18.03	18.03	29.15
	19-39	36.06	36.06	41.55	36.06	36.06	50.51	36.06	77.88	36.06	56.95	36.06	36.06	58.29
	40-54	46.23	46.23	53.27	46.23	46.23	64.76	46.23	99.85	46.23	73.02	46.23	46.23	74.73
	55-64	79.06	79.06	91.10	79.06	79.06	110.75	79.06	170.75	79.06	124.87	79.06	79.06	127.80
F	0-18*	0-23.52	0-23.52	0-26.26	0-23.52	0-23.52	0-30.75	0-23.52	0-44.43	0-23.52	0-33.97	0-23.52	0-23.52	0-34.64
	19-39	47.04	47.04	52.53	47.04	47.04	61.49	47.04	88.86	47.04	67.93	47.04	47.04	69.27
	40-54	60.30	60.30	67.34	60.30	60.30	78.83	60.30	113.92	60.30	87.09	60.30	60.30	88.80
	55-64	103.12	103.12	115.16	103.12	103.12	134.81	103.12	194.81	103.12	148.93	103.12	103.12	151.86
G	0-18*	0-29.79	0-29.79	0-32.53	0-29.79	0-29.79	0-37.02	0-29.79	0-50.70	0-29.79	0-40.24	0-29.79	0-29.79	0-40.91
	19-39	59.58	59.58	65.07	59.58	59.58	74.03	59.58	101.40	59.58	80.47	59.58	59.58	81.81
	40-54	76.38	76.38	83.42	76.38	76.38	94.91	76.38	130.00	76.38	103.17	76.38	76.38	104.88
	55-64	130.62	130.62	142.66	130.62	130.62	162.31	130.62	221.31	130.62	176.43	130.62	130.62	179.36
H	0-18*	0-36.06	0-36.06	0-38.80	0-36.06	0-36.06	0-43.29	0-36.06	0-56.97	0-36.06	0-46.51	0-36.06	0-36.06	0-47.18
	19-39	72.12	72.12	77.61	72.12	72.12	86.57	72.12	113.94	72.12	93.01	72.12	72.12	94.35
	40-54	92.46	92.46	99.50	92.46	92.46	110.99	92.46	146.08	92.46	119.25	92.46	92.46	120.96
	55-64	158.11	158.11	170.15	158.11	158.11	189.80	158.11	249.80	158.11	203.92	158.11	158.11	206.85

* 1. An individual under age 19 who is the main subscriber or spouse will pay the age 19-39 premium.
2. \$0 if enrolled in Basic Health *Plus*. If not enrolled in Basic Health *Plus*, premiums will vary. Call for details.
3. Dependents ages 19-22 who are full-time students or disabled are charged the same rate as a child age 0-18 enrolled in Basic Health. Call for details.

** The health plan serves only a part of this county. See “Health Plan Availability by County” in step 2 of this brochure for details.